

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 0 — 0 3 2

2. STATE:

Louisiana

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

July 1, 2000

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 440.130

7. FEDERAL BUDGET IMPACT:

a. FFY 2000 \$ 10.54
b. FFY 2001 \$ 42.62

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-B, Item 13d, Page 1

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

SAME (TN 00-02) Pending

10. SUBJECT OF AMENDMENT: The purpose of this amendment is to restore the seven percent (7%)
reduction previously made in the reimbursement for services provided by rehabilitation centers.

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED: The Governor does
not review state plan material.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

David W. Hood

14. TITLE:

Secretary

15. DATE SUBMITTED:

September 25, 2000

16. RETURN TO:

State of Louisiana
Department of Health and Hospitals
1201 Capitol Access Road
P.O. Box 91030
Baton Rouge, LA 70821-9030

17. DATE RECEIVED

19. EFFECTIVE DATE OF APPROVED MATERIAL

1 JULY 2000

21. TYPED NAME

CALVIN G. CLINE

23. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

Attachment 4.19-B
Item 13d. Page 1

STATE OF LOUISIANA
PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE OR SERVICES LISTED IN SECTION 1905 (A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

<u>CITATION</u>	<u>Medical and Remedial</u>	<u>Other Diagnostic, Screening, Preventive, and Rehabilitative Services</u>
42 CFR	Care and Services	<u>(i.e. other than those provided elsewhere in this Plan)</u>
440.130	Item 13.d.	

I. Rehabilitation Center Services

A. Reimbursement Methodology

Upon prior approval by the Prior Authorization Unit, Bureau of Health Services Financing, payment for rehabilitation services provided by a Title XVIII certified private or public rehabilitation center will be made based on a schedule of payment rates established by the Bureau of Health Services Financing and contained in the Rehabilitation Center Provider Training Manual.

B. Standards for Payment

1. The rehabilitation services center must be certified by the Health Standards Section of the Bureau of Health Services Financing.
2. The rehabilitation center must be Title XVIII certified.

STATE <u>LOUISIANA</u>	3. A
DATE REC'D. <u>09-27-00</u>	
DATE APPV'D <u>05-08-01</u>	
DATE EFF. <u>07-01-00</u>	
HCFA 179 <u>LA-00-32</u>	

Referral for such services has been made by a licensed physician, and the Prior Authorization Unit, Bureau of Health Services Financing (BHSF) has a copy of his recommendations to the rehabilitation services provider.

TN# LA-00-32 Approval Date 05-08-01 Effective Date 07-01-00

Supersedes

TN# LA-00-02